

<div style="display: inline-block; width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET </div> <div style="display: inline-block; width: 20%;"> SERIAL NO. </div> <div style="display: inline-block; width: 20%;"> FILING DATE </div>						
<div style="display: inline-block; width: 60%;"> APPLICANT(S) </div>						
CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5	1					
6	1					
7		1				
8		2				
9		1				
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TOTAL DEP.						
TOTAL CLAIMS	3					
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